

AMERICAN MODERN INSURANCE COMPANY CALIFORNIA DWELLING APPLICATION	Check Program Applicable: <input type="checkbox"/> EZChoiceD1 (DP-1) <input type="checkbox"/> EZChoiceVacant <input type="checkbox"/> Vacant Manufactured Home <input type="checkbox"/> EZChoiceD3 (DP-3)	Policy Number Use only at Direction of Company
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Agency Number PHONE: ()) FAX:	Subproducer Number PHONE: ()) FAX:
AGENCY NAME	SUBPRODUCER NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP

BASIC INFORMATION / CLIENT INFORMATION

FIRST NAME MIDDLE INITIAL LAST NAME	SS #:	DOB:				
EMPLOYER:						
OCCUPATION:						
SECONDARY APPLICANT'S FIRST NAME MIDDLE INITIAL LAST NAME						
SS #:						
DOB:						
OCCUPATION:						
APPLICANT'S HOME PHONE: ()) WORK PHONE: ())		PRIMARY INSURED'S MARITAL STATUS:				
LOCATION ADDRESS	CITY	STATE	ZIP	COUNTY	EFFECTIVE DATE:	
MAILING ADDRESS (If different than location)	CITY	STATE	ZIP	COUNTY	POLICY TERM IN MONTHS:	
Dwelling Limit	Purchase Date	Purchase Price	Year Built	Feet to Fire Hydrant	Inside City Limits?	Protection Class
	/	\$			<input type="checkbox"/> Yes <input type="checkbox"/> No	

ELIGIBILITY INFORMATION

Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Rental <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacant <input type="checkbox"/> Dwelling <input type="checkbox"/> Mobile Home	# Families <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four	Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Stucco or Asbestos <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Brick / Masonry <input type="checkbox"/> Log <input type="checkbox"/> Hand Hewn Log	Date Replaced: _____ <input type="checkbox"/> Composition Shingle <input type="checkbox"/> Wood or Shake Shingle <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiber Cement / Concrete Roof Slope <input type="checkbox"/> Flat <input type="checkbox"/> Pitched	Roof Type <input type="checkbox"/> Slate <input type="checkbox"/> Roll Roofing <input type="checkbox"/> Steel <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Tin <input type="checkbox"/> Tile <input type="checkbox"/> Other _____	Electric Type <input type="checkbox"/> Breaker Box <input type="checkbox"/> Fuse Box <input type="checkbox"/> Both Breaker Box and Fuse Box <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other	Style of Home <input type="checkbox"/> 1 Story <input type="checkbox"/> 1 1/2 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> 2 1/2 Story <input type="checkbox"/> Bi-Level <input type="checkbox"/> Tri-Level	Sq. Ft. of Home
IF RENTAL: How many of the applicant's rental dwellings are insured with AMIG? <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10 or more Is the dwelling occupied as a fraternity, sorority, student housing, or other similar occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No							

IF VACANT: Date the dwelling became vacant? _____ Reason for Vacancy: <input type="checkbox"/> Pending Sale <input type="checkbox"/> Between Tenancy <input type="checkbox"/> Under Renovation <input type="checkbox"/> Job Transfer <input type="checkbox"/> Estate <input type="checkbox"/> Other	If VACANT MANUFACTURED HOME, Please List: Length/Width Make Model Serial # _____ _____ _____ _____				
Type of Foundation <input type="checkbox"/> Open If there is a Full or Partial Basement, is it: <input type="checkbox"/> Slab <input type="checkbox"/> Finished <input type="checkbox"/> Crawl Space <input type="checkbox"/> Unfinished <input type="checkbox"/> Partial Basement <input type="checkbox"/> Partially Finished <input type="checkbox"/> Full Basement <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	Bathrooms Fireplaces # Full Baths <input type="checkbox"/> One <input type="checkbox"/> Two # Half Baths <input type="checkbox"/> Three <input type="checkbox"/> Four	Central Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Garage <input type="checkbox"/> Attached <input type="checkbox"/> Built-In <input type="checkbox"/> Attached Carport	Size of Garage <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car <input type="checkbox"/> 4 Car	Porches / Decks Type Square Feet <input type="checkbox"/> Open _____ <input type="checkbox"/> Enclosed _____ <input type="checkbox"/> Screened Patio _____ <input type="checkbox"/> Balcony / Deck _____

LOSS INFORMATION COVERAGES, LIMITS & PREMIUMS

Has the applicant had any losses in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Prior Loss History.																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Date</th> <th style="width:20%;">Cause</th> <th style="width:20%;">Description</th> <th style="width:15%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Cause	Description	Amount																	
Date	Cause	Description	Amount																		
How many dwellings are owned by the insured? _____ Is there any unrepaired damage or boarded-up windows? <input type="checkbox"/> Yes <input type="checkbox"/> No																					

DIRECT BILL INFORMATION

PAYMENT OPTION - Select One: <input type="checkbox"/> One pay - Full Premium Required <input type="checkbox"/> Four pay - 25% down* <input type="checkbox"/> Ten pay - 16.3% down* <input type="checkbox"/> E-Z Pay *(EFT - Monthly debits from bank account.) Attach form #00220-08-G*(N/A Vacant)	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card#: - - - Expiration Date: _____ Amount to be Charged \$ _____ Name on Card: _____	Down Payment \$ _____ Installment Fee \$ _____ Amount Enclosed \$ _____
New Business Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1 At Renewal Bill To: <input type="checkbox"/> Applicant <input type="checkbox"/> Mortgagee #1		Co. Use Only \$ _____

UNDERWRITING INFORMATION

	YES	NO		YES	NO
1a. Does the applicant own any animal with bite history or vicious propensities?	<input type="checkbox"/>	<input type="checkbox"/>	13. Is there a supplemental heating source used?	<input type="checkbox"/>	<input type="checkbox"/>
1b. Does the applicant own any Dobermans, Chows, Rottweilers, Pit Bulls, Akitas, wolves or wolf hybrids or any mix of these breeds?	<input type="checkbox"/>	<input type="checkbox"/>	14. Are kerosene or portable space heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
1c. Does the applicant own any other wild or exotic animals, farm animals or horses? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	15. Does the dwelling have any unrepaired water damage or any water leaks?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	16. Is the dwelling an earth home, dome home, open pier, stilt home, condominium, or any other non-conventional design?	<input type="checkbox"/>	<input type="checkbox"/>
2a. If yes, is the pool enclosed by a fence at least 4 feet tall with a locking gate or can the steps and ladders to the pool be secured or removed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	17. Is the dwelling a row home or townhome?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there any farming conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	17a. If yes, does the row home or townhome contain 8 units or less, and have firewalls that extend to the roof separating each unit, and not considered a condo?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have the roof and electric been updated within the last 20 years?	<input type="checkbox"/>	<input type="checkbox"/>
4a. If yes, does the applicant have any employees associated with the business operation?	<input type="checkbox"/>	<input type="checkbox"/>	19. Is the dwelling a manufactured home, or a modified manufactured home?	<input type="checkbox"/>	<input type="checkbox"/>
5. How many days has the dwelling gone uninsured immediately prior to the requested effective date? _____			20. Does the dwelling currently have utilities such as natural gas, electric, or water?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the dwelling condemned?	<input type="checkbox"/>	<input type="checkbox"/>	21. Is the dwelling under construction or undergoing major renovation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the applicant had similar insurance declined, canceled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>	22. Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
7a. If yes, why? <input type="checkbox"/> Excess losses <input type="checkbox"/> Large losses <input type="checkbox"/> Failure to pay premium <input type="checkbox"/> Physical Hazards <input type="checkbox"/> Carrier no longer writes in the state <input type="checkbox"/> Carrier no longer writes this type of business <input type="checkbox"/> Applicant no longer belongs to association or group <input type="checkbox"/> Other _____			23. Is the dwelling in foreclosure or currently 60 days or more past due on mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
8. Name of prior carrier? _____ Exp. Date _____			24. Is the dwelling located in a landslide, forest fire, or brush fire area?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the applicant had a past conviction for arson, fraud, or other insurance-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is the dwelling located within 1,000 feet of rising water or in an area that is prone to flooding?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the dwelling held in the name of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>	26. Is the dwelling in an area that is isolated, not accessible by road?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>	27. Is there an underground fuel storage or underground fuel tank on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
11a. If yes, what type? <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil-Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Radiant Ceiling <input type="checkbox"/> Radiant Floor <input type="checkbox"/> Electric Wall Heaters <input type="checkbox"/> Other _____			28. Does the applicant retain a residence employee who works over 20 hours per week inside the dwelling or 10 hours per week outside the dwelling?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the dwelling have smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	29. Has the applicant had any other policies with American Modern?	<input type="checkbox"/>	<input type="checkbox"/>
			30. Will the dwelling be used for Short Term Rental? 30a. Will the lease term be less than 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
			31. Does the insured live within 100 miles of the Property?	<input type="checkbox"/>	<input type="checkbox"/>
			32. Is the Property managed by a Property Manager?	<input type="checkbox"/>	<input type="checkbox"/>

LOSS PAYEE INFORMATION

<input type="checkbox"/> Lienholder/Mortgagee	<input type="checkbox"/> Additional Insured	(Please List Contract Seller as Additional Insured.)
Name _____	Loan Number _____	
Address _____	City _____	State _____ Zip _____
Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Lienholder/Mortgagee	<input type="checkbox"/> Additional Insured	
Name _____	Loan Number _____	
Address _____	City _____	State _____ Zip _____
Is Lienholder other than a financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EARTHQUAKE WAIVER

My insurance agent has fully explained the following to me: I understand that my insurance policy will not provide coverage against the peril of Earthquake. In accordance with California Law, Earthquake Coverage was offered to me at an additional cost.

IREJECT THE OFFER FOR EARTHQUAKE COVERAGE:

IMPORTANT NOTICE

As a part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal and financial characteristics and mode of living. Information on the nature and scope of such a report, if one is made, will be provided upon written request. You are or may be violating state law or committing a crime knowingly to provide false, incomplete or misleading information to an insurance company for the purpose or intent of defrauding the company. Penalties may include imprisonment, fines, denial of insurance benefits, and may subject you to civil damages. In connection with this application for insurance, we may review your claims history or loss experience and may report future claims made by you to a claims history provider.

BINDER PROVISIONS

If the application indicates coverage is bound, then such insurance as is afforded by this binder is subject to the declarations, conditions, exclusions and other terms of the applicable policy form as is used by the company in the state where the risk is located. This binder shall expire 10 days from the effective date or it shall terminate: (1) immediately on notice of cancellation by the named insured or the company, or (2) on its effective date if replaced by a policy with an effective date the same day as that of the binder. If this binder is not replaced by a policy, a premium shall be charged for the period the binder is in effect.

Is Coverage Bound? Yes No

Applicant's Signature _____ Date _____

Agent's Name (Please Print) _____

Agent's Signature _____ License No. _____ Date _____

CALIFORNIA DEPARTMENT OF INSURANCE

RACE, NATIONAL ORIGIN & GENDER FORM

Company: Check One AFH Insurance Company (070)
 American Modern Insurance Company (077)

Policy Number: _____ (New Business **Only**)

This information is requested by the **State of California** in order to monitor the insurer's compliance with the law. All policyholders are requested to voluntarily provide the following information:

This form will be separated from the application prior to the insurer processing the application. No such information shall be used for purposes of underwriting or rating any applicant or policyholder.

Applicant's Name and Address (to be provided in order to refer back to the applicant)

Name: _____

Street: _____

City: _____ State: CA Zip Code: _____

Application Type: (Place an "X" in the box corresponding to the line of business this policy falls under)

Dwelling **Homeowners** **Mobile Home**
Motor Home **Motorcycle**

If policyholder does not wish to provide the Department of Insurance with this information, please check here.

Check the Race or National Origin as it applies to the Applicant:

	Applicant			Co-Applicant		
	Male	Female	Business	Male	Female	Business
African-American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian / Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After completion, please submit via fax, e-mail or mail to the following:

Fax: 1-800-217-5150
Attention: 4th Floor Document Control

E-mail:
servicecenter@amig.com

Mail To:
American Modern Insurance Group
PO Box 5323
Cincinnati, Ohio 45201
Attn: 4th Floor Document Control

NOTICE TO CONSUMERS - CALIFORNIA RESIDENTIAL INSURANCE DISCLOSURE

This disclosure is required by Section 10102 of the California Insurance Code. This form provides general information related to residential property insurance and is not part of your residential property insurance policy. Only the specific provisions of your policy will determine whether a particular loss is covered and the amount payable. The information provided does not preempt existing California law.

PRIMARY FORMS OF RESIDENTIAL DWELLING COVERAGE

You have purchased the coverage(s) checked below. NOTE: Actual Cash Value Coverage is the most limited level of coverage listed. Guaranteed Replacement Cost is the broadest level of coverage.

- ACTUAL CASH VALUE COVERAGE** pays the costs to repair the damaged dwelling minus a deduction for physical depreciation. If the dwelling is completely destroyed, this coverage pays the fair market value of the dwelling at time of loss. In either case, coverage only pays for costs up to the limits specified in your policy.
- REPLACEMENT COST COVERAGE** is intended to provide for the cost to repair or replace the damaged or destroyed dwelling, without deduction for physical depreciation. Many policies pay only the dwelling's actual cash value until the insured has actually begun or completed repairs or reconstruction on the dwelling. Coverage only pays for replacement costs up to the limits specified in your policy.
- EXTENDED REPLACEMENT COST COVERAGE** is intended to provide the cost to repair or replace the damaged or destroyed dwelling without deduction for physical depreciation. Many policies pay only the dwelling's actual cash value until the insured has actually begun or completed repairs or reconstruction on the dwelling. Extended Replacement Cost provides additional coverage above the dwelling limits up to a stated percentage or specific dollar amount. See your policy for the additional coverage that applies.
- GUARANTEED REPLACEMENT COST COVERAGE** covers the full cost to repair or replace the damaged or destroyed dwelling for a covered peril regardless of the dwelling limits shown on the policy declarations page.
- BUILDING CODE UPGRADE COVERAGE**, also called Ordinance and Law coverage, is an important option that covers additional costs to repair or replace a dwelling to comply with the building codes and zoning laws in effect at the time of loss or rebuilding. These costs may otherwise be excluded by your policy. Meeting current building code requirements can add significant costs to rebuilding your home. Refer to your policy or endorsement for the specific coverage provided and coverage limits that apply.
- MODIFIED FUNCTIONAL REPLACEMENT COST COVERAGE** will pay to repair or replace the damaged or destroyed dwelling with less costly common construction materials and methods, which are functionally equivalent to obsolete, antique or custom construction materials and methods used in the original construction of the building up to the policy's limit of liability. See the declarations page of your policy for the limit that applies to your dwelling. Your policy will specify whether you must actually repair or replace the damaged or destroyed dwelling in order to recover replacement costs. The amount of recovery will be reduced by any deductible you have agreed to pay.

READ YOUR POLICY AND POLICY DECLARATIONS PAGE CAREFULLY. The policy declarations page shows the specific coverage limits you have purchased for your dwelling, personal property, separate structures such as detached garages, and additional living expenses. The actual policy and endorsements provide the details on extensions of coverage, limitations of coverage, and coverage conditions and exclusions. The amount of any claim payment made to you will be reduced by an applicable deductibles shown on your policy declarations page. It is important to take the time to consider whether the limits and limitations of your policy meet your needs. Contact your agent, broker, or insurance company if you have any questions about what is covered or if you want to discuss your coverage options.

INFORMATION YOU SHOULD KNOW ABOUT RESIDENTIAL DWELLING INSURANCE

AVOID BEING UNDERINSURED: Insuring your home for less than its replacement cost may result in your having to pay thousands of dollars out of your own pocket to rebuild your home if it is completely destroyed. Contact your agent, broker, or insurance company immediately if you believe your policy limits may be inadequate.

THE RESIDENTIAL DWELLING COVERAGE LIMIT: The coverage limit on the dwelling structure should be high enough so you can rebuild your home if it is completely destroyed. Please note:

- The cost to rebuild your home is almost always different from the market value.
- Dwelling coverage limits do not cover the value of your land.
- The estimate to rebuild your home should be based on construction costs in your area and should be adjusted to account for features of your home. These features include but are not limited to the square footage, type of foundation, number of stories, and the quality of the materials used for items such as flooring, countertops, windows, cabinetry, lighting and plumbing.
- The cost to rebuild your home should be adjusted each year to account for inflation.
- Coverage limits for contents, separate structures, additional living expenses and debris removal are usually based on a percentage of the limit for the dwelling. If your dwelling limit is too low, these coverage limits may also be too low.

You are encouraged to obtain a current estimate of the cost to rebuild your home from your insurance agent, broker, or insurance company or an independent appraisal from a local contractor, architect, or real estate appraiser. If you do obtain an estimate of replacement value, and wish to change your policy limits, contact your insurance company. While not a guarantee, a current estimate can help protect you against being underinsured.

DEMAND SURGE: After a widespread disaster, the cost of construction can increase dramatically as a result of the unusually high demand for contractors, building supplies and construction labor. This effect is known as demand surge. Demand surge can increase the cost of rebuilding your home. Consider increasing your coverage limits or purchasing Extended Replacement Cost coverage to prepare for this possibility.

CHANGES TO PROPERTY: Changes to your property may increase its replacement cost. These changes may include the building of additions, customizing your kitchen or bathrooms, or otherwise remodeling your home. Failure to advise your insurance company of any significant changes to your property may result in your home being underinsured.

EXCLUSIONS: Not all causes of damage are covered by common homeowners or residential fire policies. You need to read your policy to see what causes of loss or perils are not covered. Coverage for landslide is typically excluded. Some excluded perils such as earthquake or flood can be purchased as an endorsement to your policy or as a separate policy. Contact your agent, broker, or insurance company if you have a concern about any of the exclusions in your policy.

CONTENTS (PERSONAL PROPERTY) COVERAGE DISCLOSURE:

This disclosure form does not explain the types of contents coverage provided by your policy for items such as your furniture or clothing. Contents may be covered on either an actual cash value or replacement cost basis depending on the contract. Almost all policies include specific dollar limitations on certain property that is particularly valuable such as jewelry, art, or silverware. Contact your agent, broker or insurance company if you have any questions about your contents coverage. You should create a list of all personal property in and around your home. Pictures and video recordings also help you document your property. The list, photos, and video should be stored away from your home.

CONSUMER ASSISTANCE

If you have any concerns or questions, contact your agent, broker, or insurance company. You are also encouraged to contact the California Department of Insurance consumer information line at (800) 927-HELP (4357) or at www.insurance.ca.gov for free insurance assistance.

Please sign and date the below statement to acknowledge that you have read and understand the form of dwelling coverage you have purchased or selected.

I _____ (named insured or applicant) hereby acknowledge that I have read and fully understand the form of dwelling coverage purchased or selected.

Signature

Date

Policy Number

Please detach this portion of the page and forward it to the following address:

AMERICAN MODERN INSURANCE COMPANY
Attn: Customer Care
PO Box 5323
Cincinnati, Ohio 45201-5323